

AMENDED IN SENATE AUGUST 14, 2000

AMENDED IN SENATE AUGUST 7, 2000

AMENDED IN SENATE JUNE 15, 2000

AMENDED IN ASSEMBLY MAY 2, 2000

AMENDED IN ASSEMBLY APRIL 11, 2000

CALIFORNIA LEGISLATURE—1999–2000 REGULAR SESSION

## ASSEMBLY BILL

**No. 2394**

**Introduced by Assembly Member Firebaugh**

February 24, 2000

---

An act to add Sections 852 and 853 to the Business and Professions Code, relating to the healing arts.

### LEGISLATIVE COUNSEL'S DIGEST

AB 2394, as amended, Firebaugh. Healing arts: cultural and linguistic competency.

Existing law includes provisions generally applying to the licensure and certification of all healing arts practitioners.

This bill would establish the Task Force on Culturally and Linguistically Competent Physician and Dentists, chaired by the Director of Consumer Affairs, and would specify the task force's duties, including reporting recommendations to the Legislature *and to licensing boards* within 2 years of its establishment regarding the cultural and linguistic competency of physicians and dentists.

This bill would establish a subcommittee of the task force, chaired by the Director of the State Department of Health

Services, and would require the subcommittee to submit a report to the task force on the feasibility of establishing a pilot program ~~with Mexico~~ that would allow Mexican *and Caribbean licensed* physicians and dentists to practice in nonprofit community health centers *in California's medically underserved communities*.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of  
2 the following:

3 (a) Thirty-three and eight-tenths percent of Medi-Cal  
4 recipients in 1998 spoke a foreign language; Spanish was  
5 the number one foreign language spoken.

6 (b) National medical journals and associations have  
7 acknowledged the importance of having medical  
8 providers be cultural and linguistically competent to  
9 serve culturally diverse patients.

10 (c) The Journal of the American Medical Association,  
11 1999, "Race, Gender, and Patient-Physician  
12 Relationship" Volume 282#6, stated that "Without  
13 cultural competence, a physician may (1) unintentionally  
14 incorporate racial biases into his or her interpretations of  
15 patients' symptoms, predications of patients' behaviors,  
16 and medical decision making; (2) lack understanding of  
17 patients' ethnic and cultural disease models and  
18 attributions of symptoms; (3) be unaware of or have  
19 expectations of the visit that differ from patients'  
20 expectations."

21 (d) In 1995, 1,641 underrepresented minorities  
22 applied to California medical schools and 231 were  
23 admitted; in 1998, this number declined to 1,223  
24 applications and 184 admissions.

25 (e) Only 0.8 percent of medical schools in the United  
26 States require a separate course on multicultural  
27 medicine; even fewer require any classes in cultural and  
28 linguistic competency.

(f) The lack of cultural and linguistic competency among medical providers may be dangerous to the health of certain patients.

SEC. 2. Section 852 is added to the Business and Professions Code, to read:

852. (a) The Task Force on Culturally and Linguistically Competent Physicians and Dentists is hereby created and shall consist of the following members:

(1) The Director of the Department of Consumer Affairs, who shall serve as chair of the task force.

(2) The Director of the State Department of Health Services.

(3) The Executive Director of the Medical Board of California.

(4) The Executive Director of the Dental Board of California.

(5) One member appointed by the Senate Committee on Rules.

(6) One member appointed by the Speaker of the Assembly.

(b) Additional task force members shall be appointed by the Director of the Department of Consumer Affairs, in consultation with the Director of the State Department of Health Services, as follows:

(1) Representatives of organizations that advocate on behalf of California licensed physicians and dentists.

(2) California licensed physicians and dentists that provide health services to members of language and ethnic minority groups.

(3) Representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups.

(4) Representatives of entities that offer continuing education for physicians or dentists.

(5) Individuals with experience in developing, implementing, monitoring, and evaluating cultural and linguistic programs.

(c) The duties of the task force shall include the following:

1 (1) Holding hearings or convening meetings in  
2 California communities that have a large population of  
3 persons belonging to language and ethnic minority  
4 groups.

5 (2) Obtaining input from persons within the  
6 communities described in paragraph (1) that is a  
7 sufficient basis upon which to determine their needs and  
8 preferences for having culturally and linguistically  
9 competent physicians and dentists.

10 (3) Establishing the minimum number of members of  
11 a language and ethnic minority group that is sufficient to  
12 require the development of a continuing education  
13 program to ensure the cultural and linguistic competency  
14 of physicians and dentists with respect to that particular  
15 language and ethnic minority group.

16 (4) Developing a continuing education program to  
17 ensure that physicians and dentists attain cultural and  
18 linguistic competency in serving language and ethnic  
19 minority groups.

20 (5) Establishing, as part of the continuing education  
21 program to be developed, language proficiency standards  
22 of foreign language to be acquired to meet linguistic  
23 competency and identifying the key cultural elements  
24 necessary to meet cultural competency by physicians and  
25 dentists.

26 (6) Assessing the need for *voluntary* certification  
27 standards and examinations for cultural and linguistic  
28 competency.

29 (7) Reporting to the Legislature *and licensing boards*  
30 within two years after the creation of the task force, on  
31 the following:

32 (A) The need for culturally and linguistically  
33 competent physicians and dentists.

34 (B) Ways to ensure that California's patient  
35 population is served by linguistically competent  
36 physicians and dentists.

37 (d) The department shall pursue funding from  
38 nonprofit philanthropic organizations for the purposes of  
39 undertaking the studies or examinations required under  
40 this section and Section 853.

(e) The state costs for implementing the provisions of this bill shall not exceed one hundred fifty thousand dollars (\$150,000).

(f) *Nothing in this section shall be construed to require mandatory continuing education of physicians and dentists.*

SEC. 3. Section 853 is added to the Business and Professions Code, to read:

853. (a) A subcommittee of the task force established in Section 852 is hereby created to examine the feasibility of establishing a pilot program ~~with Mexico~~ that would allow Mexican *and Caribbean* licensed physicians and dentists to practice in nonprofit community health centers in ~~California~~ *California's medically underserved areas*.

(b) The subcommittee shall consist of the following members:

(1) The Director of the State Department of Health Services, who shall serve as the chair.

(2) The Executive Director of the Medical Board of California.

(3) The Executive Director of the Dental Board of California.

(c) Additional subcommittee members shall be appointed by the Director of the State Department of Health Services, as follows:

(1) Representatives of organizations that advocate on behalf of California licensed physicians and dentists.

(2) A representative of a nonprofit clinic association that advocates on behalf of members of language and ethnic minority groups and provides health services to a patient population that meets the following characteristics:

(A) Over 77 percent of patients are members of ethnic groups.

(B) Over 92 percent of patients have incomes less than 200 percent of the poverty level.

(C) Over 62 percent of patients do not speak English as their primary language.

1 (d) The subcommittee shall report to the task force by  
2 March 1, 2001, and the task force shall forward the report,  
3 with any additional comments, to the Legislature by April  
4 1, 2001.

O

